

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ROY TAYLOR

PLAINTIFF

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NYPD OFFICER ALYSSA TriguenaNYPD SGT Michael Durlavey

BIKERS C.O. QUAYYUM

CITY OF NEW YORK

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name ROY TAYLOR R.T.ID # 0494510569Current Institution RANDOLPHAddress 1475 AVENUE CROSELAND, NY 11423

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name P.O. ALYSSA Triguena

Shield #

Where Currently Employed NYPD 28TH PRECINCTAddress 2271-89 AVENUENY NY 10027RECEIVED
SDNY PRO SE OFFICE

2016 FEB -9 AM 11:09

S.D. OF N.Y.

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

16CV1143

Defendant No. 2

Name 28TH PRECIENCT NYPD SGT ^{Michael} Dunlavy Shield # _____
 Where Currently Employed 2271-89 AVENUE 28TH PRECIENCT
 Address 2271-89 AVENUE
NY NY 10027

Defendant No. 3

Name RIKERS C.O. QUAYYUM Shield # 9600
 Where Currently Employed RIKERS ISLAND RNDG
 Address 11-11 HAZEN STREET
EAST ELMHURST, NY 11370

Defendant No. 4

Name CITY OF NEW YORK Shield # _____
 Where Currently Employed NYC LAW DEPT CORP COUNSEL
 Address 100 CHURCH STREET
NY NY 10007

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

ON PUBLIC STREET N AND AT RIKERS ISLAND INFIRMARY
AREA.

B. Where in the institution did the events giving rise to your claim(s) occur?

NEAR INFIRMARY MED AREA

C. What date and approximate time did the events giving rise to your claim(s) occur?

1-25-16 AT RIKERS AND ON 125 STREET LENOX AVE 1-26-15

D. Facts: (SEE ATTACHED DOCUMENTS)

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. LOSS OF PROPERTY AND DAMAGE, LOSS OF RECORDS,

DENIED COMMUNICATION WITH FAMILY, & ATTNY/PHONECALL,
RACIAL DISCRIMINATION, ILLEGAL SEARCH & SEIZURE,

PHYSICAL INJURY TO BACK, FACE AND ARM/ELBOW (RIGHT)
SMOKE INHALATION, RESTRICTED BREATHING COUGHING,

SNEEZING, BURNING OF EYES AND THROAT, SKIN IRRITATION
MENTAL ANGUISH

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No (SOME DID SEE FACTS IN CASE)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9th day of FEB, 2016.

Signature of Plaintiff

ROY TAYLOR, PROSE

~~SECONDARY~~
ADDRESS:

Inmate Number

~~10000000000000000000~~ RT

95 OLD BROADWAY

Institution Address

~~111 W 42ND STREET~~

APT 6C

~~E. 42ND STREET, NY 10018~~

NY NY 10027

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 9th day of Feb, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Roy Taylor

when and how, and their response, if any: CCRB, PUB ADVOCATE
AND NYC COMPTROLLER NEVER RESPONDED TO GRIEVANCE
AGAINST NYCPD OR NYC DOG

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

SEE ATTACHED RELIEF ENCLOSED

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No X

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No _____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). RNDC RIKERS AND AT 28THG PRECIENCT

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐ DEEMED NON GRIEVABLE

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐ DEEM NON GRIEVABLE

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? FILED COMPLAINT TO CCRB AND BOARD OF CORR

Yes ☐ No ☐ AND GRIEVANCE

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

(RNDC RIKERS (SEE EXHIBIT "A"))

1. Which claim(s) in this complaint did you grieve? MAGE INIDENT AND DENIAL OF MEDICAL CARE

2. What was the result, if any? NO RESULT

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

COMPLAINED TO BD OF CORR & CCRB

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

NOT APPLICABLE

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

UNITED STATES DISTRICT COURT
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PLAINTIFF

-AGAINST-

NYPD OFFICER ALYSSA TriGuerra

NYPD SGT Michael Dunlavy ET; AL
DEFENDANTS

X

SECTION 1983 CIVIL LAWSUIT

PRELIMINARY STATEMENT

THIS IS A CIVIL LAWSUIT AGAINST NYPD 28TH PRECINCT OFFICIALS FOR VARIOUS CIVIL RIGHT VIOLATIONS WHICH INCLUDES: MINISTERIAL NEGLIGENCE, DENIAL OF MED TREATMENT, CAR DAMAGE ALLEGED, DENIAL OF PHONE CALLS, PROPERTY VIOLATIONS AND EXCESSIVE FORCE BY DEFENDANTS WHICH PLAINTIFF SEEKS MONETARY COMPENSATION FOR THIS LIABILITY!

PARTIES

PLAINTIFF ROY TAYLOR IS A CITIZEN OF THE U.S. AND RESIDE AT 95 OLD BROADWAY APT 6C NEW YORK, N.Y. 10027. HE SUES DEFENDANTS IN THEIR OFFICIAL & INDIVIDUAL CAPACITY AND IT IS REQUESTED A TRIAL BY JURY IN THIS ACTION.

DEFENDANTS PO. Alyssa TriGuerra AND Sgt Michael Dunlavy, C.O. Quayyum

ALL WORK AT THE 28TH PRECINCT AS OFFICER OF THE LAW AS NYPD OFFICERS LOCATED AT : 2271-89 8TH AVENUE, NY NY. 10027.

JURISDICTION

JURISDICTION IS BEING INVOKED PURSUANT TO APPLICABLE STATUTES & RULES AND BECAUSE PLAINTIFF WAS ARRESTED AND RESIDE IN THIS LOCATION AND DEFENDANTS ALL WORK AT THIS LOCATION AND THUS JURISDICTION IS PROPER.

FACTS OF CASE

ON 12-26-2015 AT APPROX 8:00AM PLAINTIFF WAS DROPPING HIS FEMALE FRIEND OFF AND HIS SILVER 2006 CHYRLER 300 WAS PULLED OVER BY DEFENDANTS AT 125 AND LENOX AVENUE CLAIMING I MADE AN ILLEGAL TURN. I NEVER WAS ISSUED A TRAFFIC CITATION AND ALL OF A SUDDEN THE DEFENDANT ORDERED ME OUT VEHICLE WHEN I QUESTIONED THIS AND ARGUED I WAS BEING RACIALLY PROFILED AND WAS ILLEGAL PULLED OVER ON BOGUS ALLEGATIONS. THERE WAS NO PROBABLE CAUSE NOR REASONABLE SUSPICION. AND WHEN I QUESTION THIS THE DEFENDANT YANKED MY DRIVER DOOR OPENED REACHED FOR HIS GUN AND SCARED ME SO MUCH THAT I PULLED OFF YET SHORTLY AFTER PULLED OVER AT A WELL LIT LOCATION YET WAS THROWN TO THE GROUND HANDCUFFED AND BEATEN BY DEFENDANTS AND OTHER ASSISTING OFFICERS WHILE ON THE GROUND. PLAINTIFF TRUNK WAS THEN SEARCHED WITHOUT AUTHORIZATION WHICH VIOLATED MY CONSTITUTIONAL RIGHTS (4TH)., AND CONTRABAND WAS FOUND ONLY IN TRUNK. I WAS LATER ARRESTED AND TAKEN TO THE 28TH PRECINCT AND DENIED EVERYTHING!

2.

PLAINTIFF GIRLFRIEND LUTRICIA OVER STREET CONTACTED THE 28TH PRECINCT AND SPOKE TO SGT DunLavy AND INFORMED HIM, DEFENDANT THAT SHE HAD AN NYPD PROPERTY RELEASE FORM AUTHORIZING HER TO RETRIEVE MY, PLAINTIFF TAYLOR PROPERTY AND WAS TOLD BY DEFENDANT I WAS THE ONLY PERSON TO OBTAIN THE PROPERTY. , IT WAS DENIED. PLAINTIFF ALSO AUTHORIZED VANNESSA MACK TO RETRIEVE ^{MINE} ~~^~~ WHEN SHE RETRIEVED HERS AND THIS WAS ALSO DENIED BY DEFENDANTS.

PLAINTIFF TAYLOR WAS SUBJECTED TO BE TRANSPORTED TO CENTRAL BOOKING WITH ONLY SHOE STRINGS AND HIS PROPERTY REMAINED AT THE PRECINCT ARBITRARILY WHICH INCLUDES EVERYTHING INDICATED ON THE NYPD PROPERTY RELEASE FORM. (SEE ATTACHED NYPD PROPERTY RELEASE FORM). ALTHOUGH PLAINTIFF WROTE COMPLAINT TO THE CIVILIAN COMPLAINT REVIEW BOARD AND NYC PUBLIC ADVOCATE LETITIA JAMES AND TO NYC COMPTROLLER TO INVESTIGATE AS OF NOW NOTHING WAS DONE TO CORRECT THE SITUATION. NO RECOURSE! IT IS FOR THIS REASON PLAINTIFF NOW SEEK RECOURSE FROM THIS COURT FOR RELIEF!

PLAINTIFF WAS DENIED BY DEFENDANTS THE RIGHT TO MEDICAL TREATMENT AFTER BEING BEATEN BY POLICE INJURING HIS BACK, FACE AND ELBOW FROM BEING PUNCHED KICKED WHILE ON THE GROUND HANDCUFFED. DEFENDANTS FAILED TO GIVE ME A PHONE CALL TO NOTIFY FAMILY & OR ATTNY OF MY WHEREABOUTS, NOR WAS I ALLOWED ACCESS TO CELLPHONE TO CALL NUMBERS OFF PHONE. PLAINTIFF DIDN'T KNOW ANY NUMBER FROM THE TOP OF HIS HEAD AND ONCE TRANSPORTED TO CENTRAL BOOKING, THEN Rikers THE ONLY WAY HIS FAMILY LEARNED I WAS LOCKED UP WAS APPROX 1 WEEK LATER WHICH WAS THROUGH HIS LEGAL AID ATTORNEY & THROUGH THE INTERNET WHICH FAMILY CHECKED AND FOUND OUT. PLAINTIFF WAS BASICALLY "KIDNAPPED" AND LOST IN THE SYSTEM ON PURPOSE BY DEFENDANTS NYPD WHICH WAS DELIBERATELY DONE BY THE DEFENDANTS BECAUSE I EXERCISED MY RIGHT TO REMAIN SILENT EACH TIME DETECTIVES ARRIVED AT MY HOLDING CELL ATTEMPTING TO ESCORT ME IN A ROOM TO INTERROGATE ME AND I REFUSED. THIS HAPPENED THREE TIMES APPROXIMATELY AND EACH TIME I REFUSED. IT IS FOR THIS REASON NYPD AND THE ENTIRE 28 PRECINCT INVOLVED DENIED THE ABOVE

DEFENDANT, WHEN I WAS AT THE PRECINCT NEVER VOUCHERED MY PERSONAL PROPERTY AND NEVER ISSUED ME A PROPERTY VOUCHER FOR ANYTHING AND THEY COUNTED APPROX \$380 AND NEVER ISSUED ME IT'S RETURN AS PER POLICY WHICH BY THIS THEY COMMITTED MINISTERIAL NEGLIGENCE. PLAINTIFF HAD A SILVER 2006 CHRYSLER 300 WHICH AS OF THIS DAY NEVER VOUCHERED AND PLAINTIFF WAS NEVER NOTIFIED OR INFORMED OF IT'S WHEREABOUTS AT THIS TIME. WHICH VIOLATED REGULATIONS & NYPD POLICY AND PROCEDURES, PLAINTIFF SEEKS LEGAL RECOURSE FOR THIS! & DAMAGE OF MY VEHICLE BELIEVED.

IN ADDITION, ON 1-25-16 WHILE AT RIKERS RNDG BUILDING I WAS EXPOSED TO MK-9 PEPPER SPRAY., ALSO KNOWN AS MADE BY A "TRIGER HAPPY" C.O. QUAYYUMM WHO RECKLESSLY SPRAYED INMATE LOUIS DORSEY UNPROVOKED FOR CUSSING HIM OUT WHICH SO MUCH MACE WAS USED THAT IT AFFECTED ME AND OVER 1% OTHER INMATES AND GUARDS IN THE IMMEDIATE AREA. I AND OTHERS WERE DENIED MEDICAL TREATMENT AND ORDERED TO LINE UP AND WERE ESCORTED RETURN TO UNIT BY ESCORT AND DENIED MEDICAL TREATMENT FOR THIS, THUS DEFENDANT CO QUAYYUM IS LIABLE.

PLAINTIFF CONTEND DEFENDANT QUAYYUM VIOLATED THE CHEMICAL DIRECTIVE GUIDELINE WHICH STATES: "PRIOR TO THE USE OF ANY CHEMICAL AGENT AGAINST AN INMATE, THE PERSON RESPONSIBLE FOR SUCH USE SHALL NOTIFY FACILITY HEALTH SERVICES STAFF TO DETERMINE WHETHER THERE'S A MEDICAL REASON WHY CHEMICAL AGENTS SHOULDN'T BE USED PROVIDED THAT NO SUCH NOTIFICATION MUST BE MADE OR MED CLEARANCE OBTAINED, IN EMERGENCY CIRCUMSTANCES WHEN A DELAY IN CHEMICAL USE WOULD PRESENT AN IMMEDIATE THREAT OF DEATH OR SERIOUS INJURY, OR WOULD SEVERELY THREATEN THE SAFETY OR SECURITY OF THE FACILITY".

PLAINTIFF ARGUES MACE IS USED TO EXTRACT INMATES FROM THEIR CELL, NOT WHEN AN INMATE CUSSES AN OFFICER OUT WHICH IN THIS INCIDENT OCCURRED AND AS A RESULT I, PLAINTIFF TAYLOR SUFFERED RESTRICTED BREATHING, COUGHING, SNEEZING, BURNING OF EYES AND THROAT AND SKIN IRRITATION OF BURNING AND DEFENDANT FAILED TO TREAT ME AND COVERED THIS UP BY RETURNING ME AND OTHERS TO UNIT TO COVER THIS UP IT IS BELIEVED! (SEE EXHIBIT "A" CHEM AGENT DIRECTIVE)

BASED ON THIS DEFENDANTS ABOVE VIOLATED MY RIGHTS., 8TH AMENDMENT RIGHTS TO THE U.S. CONSTITUTION THUS THEY ARE LIABLE IN THIS ACTION!"(EMPHASIS ADDED)

PLAINTIFF FILED GRIEVANCE ON THE ABOVE WHICH THE GRIEVANT CHAIRMAN DEEMED THIS NONGRIEVABLE. (SEE EX "A" COPY OF DOCUMENTS ATTACHED).

CAUSE OF ACTION

DEFENDANTS HEREIN COMMITTED MINISTERIAL NEGLIGENCE BY FAILING TO PROCESS RECORD AND ISSUE PROPERTY VOUCHERS FOR MY PROPERTY CONFISCATED DESCRIBED ABOVE. DEFENDANTS DISCRIMINATED AGAINST ME BASED ON RACE BY RACIALLY PROFILING ME LIEING THAT I MADE AN ILLEGAL TURN, NEVER ISSUING A TICKET AND WANTING TO SEARCH MY VEHICLE WITHOUT MY PERMISSION, WITHOUT PROBABLE CAUSE OR REASONABLE SUSPECTION IN A STOP AND FRISK WHICH IS ILLEGAL, SEARCH AND SEIZURE GOING IN PLAINTIFF'S VEHICLE TRUNK WHERE ALL CONTRABAND WAS FOUND!

PLAINTIFF FURTHER WAS A VICTIM OF EXCESSIVE FORCE BY DEFENDANTS AND THE DENIAL TO ALLOW PLAINTIFF MEDICAL TREATMENT FOR HIS INJURIES ALSO THE DENIAL TO MAKE A PHONE CALL BECAUSE HE REMAINED SILENT WAS ABUSE OF DISCRETION BY DEFENDANTS. ALL DEFENDANTS INCLUDE: THE ARRESTING OFFICER _____ AND THE ON DUTY SGT ON DUTY, ALSO ALL DETECTIVES WHICH WILL BE PROVIDED THEIR NAMES WHEN THE TIME COMES, YET NOW WILL BE JOHN DOES.

ALL THE ABOVE VIOLATIONS WERE 4TH, 8TH, AND 14TH AMENDMENT CONSTITUTIONAL VIOLATIONS WHICH MAKES ALL DEFENDANTS LIABLE!

RELIEF

PLAINTIFF BASED ON THE ABOVE VIOLATION BY DEFENDANTS REQUEST THE FOLLOWING RELIEF:

1. THAT A DECLARATORY JUDGMENT BE RENDERED DEFENDANTS VIOLATED MY CONSTITUTIONAL RIGHTS, BY ORDER.

2. THAT DEFENDANTS BE ORDERED TO PAY: COMPENSATORY, PUNITIVE, AND NOMINAL AND PAIN AND SUFFERING IN TOTAL AMOUNT OF \$250,000

3. ~~THAT~~ DEFENDANTS BE TERMINATED FROM THEIR JOB FOR SAID VIOLATIONS

4. THAT PLAINTIFF BE GRANTED ANY ATTNY FEES IN THIS ACTION

5. AND ANY FURTHER MEDICAL CARE AS NEEDED TIL CURED

AND SUCH FURTHER RELIEF AS THE COURT DEEMS PROPER.

RESPECTFULLY SUBMITTED,

Roy Taylor

ROY TAYLOR, PLAINTIFF PRO' SE

CERTIFICATE OF SERVICE

PLAINTIFF ROY TAYLOR PRO' SE HEREBY HAVE HANDED DELIVERED THE FOREGOING 1983 LAWSUIT TO THE USDC SOUTHERN DISTRICT OF NEW YORK AND A COURTESY COPY TO NYC LAW DEPARTMENT CORPORATION COUNSEL AT 100 CHURCH STREET ON THIS ____ DAY OF FEB 2016.

Roy Taylor

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UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK X

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NYPD OFFICER ALYSSA Triguero

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DEFENDANTS HEREIN COMMITTED MINISTERIAL NEGLIGENCE BY FAILING TO PROCESS RECORD AND ISSUE PROPERTY VOUCHERS FOR MY PROPERTY CONFISCATED DESCRIBED ABOVE. DEFENDANTS DISCRIMINATED AGAINST ME BASED ON RACE BY RACIALLY PROFILING ME LIEING THAT I MADE AN ILLEGAL TURN, NEVER ISSUING A TICKET AND WANTING TO SEARCH MY VEHICLE WITHOUT MY PERMISSION, WITHOUT PROBABLE CAUSE OR REASONABLE SUSPECTION IN A STOP AND FRISK WHICH IS ILLEGAL, SEARCH AND SEIZURE GOING IN PLAINTIFF'S VEHICLE TRUNK WHERE ALL CONTRABAND WAS FOUND!

PLAINTIFF FURTHER WAS A VICTIM OF EXCESSIVE FORCE BY DEFENDANTS AND THE DENIAL TO ALLOW PLAINTIFF MEDICAL TREATMENT FOR HIS INJURIES ALSO THE DENIAL TO MAKE A PHONE CALL BECAUSE HE REMAINED SILENT WAS ABUSE OF DISCRETION BY DEFENDANTS. ALL DEFENDANTS INCLUDE: THE ARRESTING OFFICER _____ AND THE ON DUTY SGT ON DUTY, ALSO ALL DETECTIVES WHICH WILL BE PROVIDED THEIR NAMES WHEN THE TIME COMES, YET NOW WILL BE JOHN DOES.

ALL THE ABOVE VIOLATIONS WERE 4TH, 8TH, AND 14TH AMENDMENT CONSTITUTIONAL VIOLATIONS WHICH MAKES ALL DEFENDANTS LIABLE!

RELIEF

PLAINTIFF BASED ON THE ABOVE VIOLATION BY DEFENDANTS REQUEST THE FOLLOWING RELIEF:

1. THAT A DECLARATORY JUDGMENT BE RENDERED DEFENDANTS VIOLATED MY CONSTITUTIONAL RIGHTS, BY ORDER.

2. THAT DEFENDANTS BE ORDERED TO PAY: COMPENSATORY, PUNITIVE, AND NOMINAL AND PAIN AND SUFFERING IN TOTAL AMOUNT OF \$250,000

3. ~~THAT~~ DEFENDANTS BE TERMINATED FROM THEIR JOB FOR SAID VIOLATIONS

4. THAT PLAINTIFF BE GRANTED ANY ATTNV FEES IN THIS ACTION

5. AND ANY FURTHER MEDICAL CARE AS NEEDED TIL CURED
AND SUCH FURTHER RELIEF AS THE COURT DEEMS PROPER.

RESPECTFULLY SUBMITTED,

Roy Taylor
ROY TAYLOR, PLAINTIFF PRO'SE




CERTIFICATE OF SERVICE

PLAINTIFF ROY TAYLOR PRO'SE HEREBY HAVE HANDED DELIVERED THE FOREGOING 1983 LAWSUIT TO THE USDC SOUTHERN DISTRICT OF NEW YORK AND A COURTESY COPY TO NYC LAW DEPARTMENT CORPORATION COUNSEL AT 100 CHURCH STREET ON THIS 9th DAY OF FEB 2016.

Roy Taylor
ROY TAYLOR, PLAINTIFF

416R

Exhibit - A

	EFFECTIVE DATE 04/27/12	SUBJECT CHEMICAL AGENTS		
	CLASSIFICATION # 4510R-F			
	DISTRIBUTION D	APPROVED FOR WEB POSTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PAGE 2 OF 19 PAGES	

III. POLICY (cont.)



- D. Unless specifically prohibited by the Chief of Department and/or the Chief of Facility Operations, all facilities and divisions are authorized to use hand-held aerosols.
- E. Hand-held aerosols may be authorized at the command level and shall be a part of the authorized daily uniform and equipment of all Captains and authorized/certified Correction Officers. Prior authorization from Headquarters and notification to the Central Operations Desk (C.O.D.) is not required.
- F. The use of all other chemical agents (other than hand-held aerosols) shall only be authorized by one (1) of the following individuals:
1. Commissioner or designee;
 2. First Deputy Commissioner;
 3. Chief of Department or designee;
 4. Deputy Chief of Department;
 5. Assistant Chief;
 6. Supervising Warden; and/or
 7. Field Command Unit Head or designee not to extend below the rank of Assistant Deputy Warden.

IV. GUIDELINES**A. INQUIRY CONCERNING MEDICAL CONTRAINDICATIONS**

Prior to the use of any chemical agent against an inmate, the person responsible for such use shall notify facility health services staff to determine from such staff whether there is a medical reason why chemical agents should not be used; provided, however, that no such notification must be made, nor medical clearance obtained, in emergency circumstances when a delay in the use of a chemical agent would present an immediate threat of death or serious injury, or would severely threaten the safety or security of the facility.

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EXHIBIT - A

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IV. GUIDELINES (cont.)**B. HAND-HELD CHEMICAL AGENTS****1. Type**

Only Orthochlorobenzalmalononitrile (CS) or Oleoresin Capsicum (OC) contained in an aerosol dispenser in liquid or dust form is authorized for use within the Department.

2. Authorized Products

Note: The letters (CS) or (OC) must be legible.

- a. Federal Lab 587 CS dust, large black container with dark blue label.
- b. Federal Lab Mk - VI O/C, black container with orange label; and
- c. Security Equipment Corp. Sabre 5.0 Mk - VI O/C, black container with light blue label.
- d. Security Equipment Corp. Sabre Red Mk - VI O/C (10% concentration), black container with light blue label.
- e. Sabre Aerosol Projector MK-9 and "Cell Buster" - O/C black container with white label.



Note: The use of the Sabre Aerosol Projector MK-9 and "Cell Buster" is restricted to trained personnel only.

3. Anticipated effects of CS include:

- a. Visual impairment (tearing);
- b. Coughing and/or sneezing;
- c. Painful burning of eyes and throat;
- d. Extreme temporary pain or discomfort in all the moist, warm parts of the body including mucous membranes and throat;
- e. Skin irritation including blistering after long exposure;
- f. Compressed chest and panic caused by inability to breathe properly;

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Exhibit-A



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IV. GUIDELINES (cont.)

- g. Desire but inability to defecate;
 - h. Subject(s) may become immobilized; and
 - i. Side effects are different and individual in nature.
4. Anticipated effects of OC include:
- a. Swelling of the mucous membranes;
 - b. Immediate involuntary closing of the eyes;
 - c. Uncontrollable coughing;
 - d. Gagging;
 - e. Gasping for breath; and
 - f. Sensation of intense burning of the skin and mucous membranes inside the nose and the mouth.
5. Commanding Officers of each facility and division shall designate staff members who shall be authorized/certified to use and/or dispense hand-held aerosols.
6. Certification/re-certification in the use of chemical agents shall be conducted through training programs coordinated by the Correction Academy on an annual basis.
7. Every Commanding Officer shall ensure that personnel who are responsible for authorizing and/or using hand-held aerosols, receive instruction as noted in Section IV.B.6.
8. Time permitting, members anticipating the use of aerosols shall make every attempt to remove from the area of potential contamination all persons for whom the administration of the chemical agent is not intended. Medical staff should also be notified to prepare to provide immediate assistance.

EXHIBIT - A

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IV. GUIDELINES (cont.)**C. CHEMICAL AGENTS - OTHER THAN HAND-HELD AEROSOL****1. Types**

Only Orthochlorobenzalmalononitrile (CS) and low toxic or non-toxic smoke are authorized for use within the Department. The following chemical agent delivery systems may be used:

- a. Combustion (burning);
- b. Aerosol liquid;
- c. Aerosol dust;
- d. Blast dispersion;
- e. Liquid dissemination; or
- f. Fog.

2. Color Codes:



- a. **BLUE (CS)**
Grenades or projectiles.
- b. **YELLOW (Smoke)**
Grenades containing low toxic or non-toxic screening smoke.
- c. Any agent (other than hand-held aerosols) marked in a color other than the specified color codes, shall not be used.

3. Authorized Products and Equipment:

Important Note: Federal Lab and Defense Technology manufacture the authorized products listed below. This list indicates identical products and their corresponding numbers from those manufacturers. The departmental inventory contains products which indicate either Federal Lab or Defense Technology with corresponding numbers as noted below.

Exhibit - A

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IV. GUIDELINES (cont.)

- a. Federal Lab. #201-Z, one and one-half inch (1 1/2") Gas Gun.
- b. Federal Lab. #203A, one and one-half inch (1 1/2") Gas Gun.
- c. Federal Lab. #450A and Defense Technology #459, Grenade Launcher for #201-Z; and 203A Gas Guns.
- d. Federal Lab. #457, and Defense Technology #1270, Grenade Launcher Cartridge; for #201-Z and 203A Gas Guns.
- e. Federal Lab. #501, and Defense Technology #1142, Muzzle Dispersion Cartridge; dust type.
- f. Federal Lab. #560, and Defense Technology #1182, Long Range Projectile; combustion type; range: 150 yards.
- g. Federal Lab. #570, and Defense Technology #2002, Short Range Projectile; combustion type; range: 100 yards.
- h. Federal Lab. #530, and Defense Technology #1152, Barricade Projectile; combustion type.
- i. Federal Lab. #555, and Defense Technology #1072, Speedheat Grenade; combustion type.
- j. Federal Lab. #515, and Defense Technology #1026, Triple Chaser Grenade; combustion type.
- k. Federal Lab. #517, and Defense Technology #1032 Flameless Grenade; combustion type.
- l. Federal Lab. #514, and Defense Technology #1042 Blast Dispersion Grenade; dust type.
- m. Federal Lab. Fogger Model #298, Portable Thermal Irritant and Smoke Generator.
- n. Federal Lab. #110-HC, and Defense Technology #1083 Smoke Grenade; combustion type; low toxic smoke.
- o. Federal Lab. F-8-SAF, and Defense Technology #1063 Smoke Grenade; combustion type; non-toxic smoke.

Exhibit - B

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IV. GUIDELINES (cont.)

Note: Smoke Grenades are for outdoor use only.

- p. Ispra Model 5, Protectojet Ejector; CS filled.
- q. Ispra Mini-Model 5, Protectojet Ejector; CS filled.
- r. Sabre Aerosol Projector MK-9 and "Cell Buster"; OC.
- s. ~~Pepperball SA-200 Launcher System~~

Note: The Protectojet and Pepperball SA-200 Launcher System, are authorized standard equipment and shall be used only by trained Emergency Service Unit (ESU) staff. The Cell Buster, authorized for use only by staff trained to use such device, consists of an 18.5 oz MK-9 canister with hose and wand attachment. Use of the Pepperball SA-200 Launcher System is outlined in Operations Order 14/07 entitled "Pepperball System", dated 8/13/07.

4. Prior authorization to use agents (other than hand-held aerosols) must be obtained from one (1) of the aforementioned individuals noted in Section III.F. of this Directive.



Note: Combustion type devices may cause fires if dispensed in close proximity to flammable objects or structures.

5. The command unit head or designee shall notify C.O.D. and provide the following information:
- a. Reason for the use of the chemical agent (other than hand-held aerosols).
 - b. Approximate number of inmates involved.
 - c. Area that the chemical agent is to be dispensed in.
 - d. Any other information that would assist one (1) of the authorizing individuals in rendering an objective decision.



exhibit-A

416R

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IV. GUIDELINES (cont.)

Note: In an emergency, if time precludes the transmittal of notification, chemical agents may be used; however, attempts shall be made to notify the C.O.D. during the course of utilizing the agents. In any case, C.O.D. shall be notified immediately after the chemical agent is dispensed.

No one to help us →



6. Prior to using chemical agents (other than hand-held aerosols) the authorizing supervisor from the facility or division shall notify the highest ranking medical staff person on-duty to have adequate medical personnel standing by and to assign medical personnel to triage these cases. In addition, medical staff will be prepared to provide medical assistance to individuals who may require medical treatment due to exposure to chemical agents.
7. During the use of chemical agents (other than hand-held aerosols), a certified supervisory officer shall be present and will direct the dispensing of said agent and all required decontamination procedures, contained herein.
8. Commanding Officers of each facility and division shall designate staff members who shall be authorized to use and/or dispense chemical agents (other than hand-held aerosols) and any related equipment.
9. Certification/re-certification in the use of chemical agents shall be conducted by the Correction Academy on an annual basis.
10. Commanding Officers of each facility and division shall ensure that personnel who are responsible for authorizing and/or using chemical agents, receive instruction as noted in Section IV.B.6.

D. STORAGE OF ALL AGENT EQUIPMENT

1. Chemical agent munitions and related devices shall be stored within officially designated areas only and be maintained in a safe and secure manner. Such storage shall ensure that only persons trained in the use of such articles have access to them.
2. An officer assigned to the Security Office in each facility will be responsible for the day to day handling of all chemical agents and related equipment and will retain a copy of each quarterly inspection performed by ESU. He/she shall be trained annually in the Department's prescribed chemical agent course.
3. To avoid corrosion of firearms, CS/OC chemical agent munitions shall not be stored in the same enclosure with firearms.

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exhibit - A

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IV. GUIDELINES (cont.)



4. The designated area for CS chemical agent munitions storage shall be equipped with a ventilating fan and duct system.

E. QUARTERLY INSPECTION OF CHEMICALS AGENTS AND RELATED EQUIPMENT

1. Quarterly inspections of all chemical agents and related equipment shall be performed and documented by the Emergency Service Unit. A written record of all such inspections shall be maintained which shall include, but need not be limited to:
 - a. The name of the person(s) inspecting the articles;
 - b. The date of inspection;
 - c. The type and quantity of articles stored and inspected; and
 - d. A description of their condition.
2. No chemical agent products should be used beyond the expiration date, except for training purposes.
3. All expired chemical agent products shall be separated from current stock and transferred by the Emergency Service Unit for disposition.
4. All defective chemical agent equipment shall be tagged and immediately separated from active arsenal stock. The facility shall contact the Special Operations Division (S.O.D.) to arrange a transfer of the equipment for disposal.
5. Equipment in need of repair shall be transferred by the Emergency Service Unit, accompanied with a written memorandum to the S.O.D. Commanding Officer, describing the existing problem.

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exhibit - A

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V. PROCEDURE**A. HAND-HELD AEROSOL****1. General**

- a. Certified Correction Officers designated by the Commanding Officer of the facility and all certified Captains shall be permitted to use the approved hand-held aerosol dispenser.
- b. Prior to using the hand-held aerosol dispensers, attempts should be made to resolve the situation by other means, (i.e., interpersonal communication skills, supervisory response, etc.). Further, the subject shall be warned that chemical agents will be utilized if the subject continues his/her misconduct. The "Device" shall be used with the utmost discretion.
- c. Facilities must develop an approved secure area in the Control Room, to permit the proper storage and accountability of hand-held product. Staff shall not store hand-held aerosol dispensers in their lockers.
- d. If any member is issued and receives a departmental hand-held dispenser and holster, the following notations shall be made in the designated logbook:
 - i. Name, rank and shield number of each person issued a canister and holster.
 - ii. Date and time the equipment was issued and returned.
 - iii. Identification numbers of each piece of equipment (canister and holster).
- e. Each facility shall maintain a master list of personnel who are authorized/certified to use hand-held dispensers.
- f. Hand held units (CS/OC) may be used outdoors.



2. Authorized Use

The use of a hand-held dispenser is authorized in the following situations:

- a. To defend oneself.
- b. To defend another employee, inmate or visitor.

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Exhibit - A

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V. PROCEDURE (cont.)

- c. To prevent a serious crime, including inmate disturbances or escapes.
- d. To maintain the safety and security of the facility.
- e. To enforce Department rules, facility regulations and court orders where necessary to promote the good order and safety of the facility.
- f. To take an inmate into custody.
- g. To prevent serious damage to property.
- h. To prevent an inmate from harming himself/herself.

Note: A hand-held aerosol unit is not as effective against large groups or in large areas. It is more effective in one-on-one or one-on-two situations, and in small cell areas.

3. Prohibited Use



The use of a hand-held chemical agent is prohibited in the following situations:

- a. To force an inmate to comply with an officer's verbal orders, except in those situations outlined in the preceding Section V.A.2.;
- b. To solicit information;
- c. To discontinue an argument between inmates;
- d. As a threatening gesture; or
- e. To punish an inmate.

4. Safety Precautions and Use

- a. Prior to using hand held chemical agents, the subject shall be warned that chemical agents will be utilized if the subject continues his/her misconduct.

Exhibit-A

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V. PROCEDURE (cont.)

- b. Hand-held units, when used, shall be directed at the appropriate area of the subject as follows:

<u>MAKE AND MODE</u>	<u>AIM</u>
i. Federal Lab. #587 (CS) Dust	Above the head
ii. Federal Labs MK-VI OC	Face
iii. Security Equipment Corp. Sabre 5.0 Mk-VI O/C	Face
iv. Security Equipment Corp. Sabre Red Mk-VI O/C	Face
v. Sabre Aerosol Projector MK-9 OC	Face

Note: Do not aim or spray CS agents directly into eyes.



- c. When using the dust hand-held unit, it shall be directed above the head of the subject.

Note: Do not aim or spray CS agents directly into eyes.

- d. Hand-held units should not be used at a distance of less than three (3) feet.
- e. Liquid hand-held units have a maximum effective range of twelve (12) to fifteen (15) feet.
- f. Dust hand-held units have a maximum range of approximately fifteen (15) feet in still air.
- g. Limit application of the hand-held unit to a single, two (2) second burst. If necessary, a total of three (3), two (2) second bursts can be employed. The Sabre Aerosol Projector MK-9 OC should not be used at a distance of less than six (6) feet. The units have a maximum range of twenty-five (25) feet. Dispersion directed at an inmate shall be limited to three (3) one-second bursts.

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exhibit - A

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V. PROCEDURE (cont.)

Note: When the Cell Buster is sprayed under a cell door, the chemical agent shall be deployed for three (3) continuous seconds. The Cell Buster is only to be used against potential assailants behind cell doors.

Caution: Do not spray subject at a range less than three (3) feet. Severe eye, skin irritation or other injury may occur.



- h. If the desired results are not achieved, the use of the dust unit is recommended. However, this is predicated on a supervisor's approval.
- i. Under no circumstances shall OC or CS be used in conjunction with the Electronic Immobilization Shield as noted in Directive #4600, entitled ELECTRONIC IMMOBILIZATION SHIELD, page 3, subsection IV.B.
- j. A controlled avenue of exit must be identified.

Note: Person(s) exposed to CS or OC must not be left unattended.

5. Individual Decontamination and Medical Attention

- a. Remove the individual(s) from the contaminated area.
- b. Advise the individual(s) not to rub his/her eyes. Salves, oil or grease medications or creams (i.e., butter, cold cream, petroleum jelly, lanolin, etc.) should not be applied to contaminated areas on the body. These applications tend to further entrap the agent causing intense irritation and blistering of the skin.
- c. Do not bandage or cover the affected skin areas.
- d. If possible, bring the individual(s) out into fresh air or use a fan and have him/her face the wind.
- e. Have the individual(s) remove contaminated clothing. Clothing should be washed or destroyed.
- f. The subject(s) shall shower or wash in cool water. (Flush contaminated skin areas with large quantities of cool water.) Calm and reassure subjects that they will receive medical attention and decontamination.

exhibit -A

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V. PROCEDURE (cont.)

- g. After the individual decontamination has been completed, the area supervisor shall ensure that prompt medical attention is given to the individual(s) affected by the dispensing of the chemical agent. This prevents the contamination of the medical environment.

Note: Severe eye and/or skin irritation with CS may occur if hand-held chemical agents are dispensed at a distance less than three (3) feet of the subject. If at any time it is apparent that the chemical agent has been used at a closer range (less than three (3) feet) and has affected an individual's eyes, immediate medical attention shall be obtained for the person in question (Flush with large amounts of cool water).

- h. Under no circumstances shall the subject(s) remain in the contaminated area for a period exceeding five (5) minutes after the hand-held aerosol application. In the event the subject(s) refuses to leave the area, other appropriate means shall be employed to remove the subject within the prescribed time period.



6. Whenever A Hand-Held Chemical Agent Is Utilized, The Following Shall Be Complied With:

- a. Immediately report the incident to a supervisory officer.
- b. A notation of the incident shall be made in the memo-book of the officer/supervisor who dispensed the agent; and countersigned by the investigating supervisor.
- c. Record the incident in the area and the Central Control Room logbook.
- d. Prepare "Use of Force Reports" (#5004A-D).
- e. Ensure all contaminated persons (inmates and staff) receive immediate medical treatment.
- f. Obtain all applicable medical reports and evaluations from facility medical personnel.
- g. Prepare any other reports and forms as required by Department regulations.

7. Review Of Hand-Held Chemical Agents Utilization (written evaluations)

416R

exhibit - A

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V. PROCEDURE (cont.)



- a. Each incident involving the use of the hand-held chemical agents including accidental discharge, shall be reviewed by the respective Commanding Officer and Deputy Warden for Security.
- b. The Commanding Officer and the Deputy Warden for Security shall review the incident to ascertain whether or not Departmental procedures governing the use of the hand-held chemical agents were adhered to.
- c. Said review shall take place within twenty-four (24) hours or no later than the next business day following the incident.

B. CHEMICAL AGENTS - OTHER THAN HAND-HELD AEROSOL**1. General**

- a. Whenever chemical agents are to be used in congregate areas, those individuals who request to be removed shall be immediately evacuated unless circumstances preclude this action.
- b. Chemical agents can be extremely dangerous to persons (staff and inmates) known to have heart or respiratory ailments. Every effort shall be made to safeguard these individuals from being exposed to chemical agents.
- c. Prior to using chemical agents (other than hand-held) the facility's ventilation system should be shut down.
- d. The following precautionary measures should be taken prior to entering an area with a concentration of chemical agents:
 - i. Contact lenses and eyeglasses should be removed.
 - ii. Oil-based makeup or lotions should be removed from exposed skin areas.
 - iii. Jewelry should be removed (including watchbands).
 - iv. Tight-fitting clothing around the neck, wrist and ankle areas should be loosened but skin should remain covered where possible.

EX 6.7-A

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V. PROCEDURE (cont.)

Note: All staff should be aware that some individuals with mental disorders or those under the influence of alcohol or narcotics will be affected by chemical agents. However, such inmates may not show the desired effects.



- e. Precautions shall be taken to insure that chemical agents do not contaminate hospital, clinic and other medical areas.
- f. In any situation where chemical agents are being used, a controlled avenue of exit shall be provided for the inmates and other personnel. All staff in or entering an area where chemical agents have been or are about to be employed must wear a protective mask.
- g. When using chemical agents, all personnel present shall be issued protective masks and must wear them.
- h. Combustion and/or low-toxic smoke chemical agents are designed for use against large groups and in outdoor areas. In a single cell or small room situations, or in cases where it is desirable to limit the size of the affected area, these types of agents should not be employed.

Note: When selecting a product(s) to use, care must be taken to avoid introducing excessive volumes. Consider the size of the area, number of people involved, ceiling height and, in ounces, weight of the product(s).

2. Individual Decontamination and Medical Attention

- a. Remove the individual(s) from the contaminated area to fresh air or a fan where possible.
- b. Advise the individual(s) not to rub their eyes. Salves, oil or grease medications or creams (i.e., butter, cold cream, vaseline/petroleum jelly, lanolin, etc.) should not be applied to contaminated areas on the body. These applications tend to further entrap the agent causing intense irritation and blistering of the skin.
- c. Do not bandage or cover the affected skin areas.

Exhibit A

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V. PROCEDURE (cont.)

d. If possible, bring the individual(s) out into fresh air or stand the individual(s) in front of a fan for approximately three (3) to five (5) minutes. Said individual(s) should face the wind and shake any agent particles from hair and clothing, force their eyes open and allow them to tear. Advise them not to rub their eyes.

e. Have the individual(s) remove contaminated clothing. Clothing should be washed or destroyed.

f. In cases of extreme exposure, the subjects shall shower or wash in cool or lukewarm running water using non-deodorant soap. Showers must have open drains since CS is not soluble in water and will float. When CS has prolonged contact with skin, burns may result.

Caution: Advise individual(s) not to take baths.

g. Subjects may also be provided with cool water containing a five percent (5%) solution of sodium bicarbonate (baking soda) and instructed to apply to irritated skin areas.

h. The area supervisor shall ensure that prompt medical attention is given to all persons affected by the dispensing of chemical agents

Note: In the event of severe eye and/or skin irritation occurrences, or any other apparent serious reaction to the chemical agents, all affected subjects shall receive immediate medical attention.

i. Under no circumstances shall an individual remain in the contaminated area for an extended period of time. In the event an individual refuses to leave the area, other appropriate means shall be employed to remove said individual or counter the chemical agents effects via ventilation/decontamination.

3. **Physical Plant Decontamination**



The command dispersing the chemical agent shall be responsible for effecting all decontamination procedures as follows:

a. All inmates shall be removed from the contaminated area(s).

b. All spent CS casings shall be removed from the affected area(s) and placed in airtight containers.

Exhibit A

416R

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	DISTRIBUTION D	APPROVED FOR WEB POSTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PAGE 19 OF 19 PAGES	

VI. REFERENCES

- A. Directive #5006R-C, Use of Force, dated 01/31/08.
- B. Directive #5000R-A, Reporting Unusual Incidents, dated 11/19/04 (as amended).
- C. Directive #4600, Electronic Immobilization Shield, dated 07/09/98.
- D. Operations Order 14/07, Pepperball System, dated 8/13/07
- E. New York State Penal Law, Article 35 - Defense of Justification, section 35.05, Justification; generally
- F. State Commission of Correction, Subtitle AA, Part 7063 - Chemical Agents

Note: In the event that a reference is superseded, the successor document shall apply.

VII. SUPERSEDES

- A. Directive #4510R-E, Chemical Agents, dated 08/22/08.
- B. Any other Directive, Operations Order, Teletype, Memorandum, etc, that may be in conflict with the policies and procedures outlined herein.

VIII. SPECIAL INSTRUCTIONS

- A. Within ten (10) calendar days of the effective date of this order, all Commanding Officers shall implement a Command Level Order incorporating the policy and provisions outlined herein.
- B. One (1) copy of the command level order shall be forwarded to each respective Supervising Warden.
- C. All facility managers and supervisors shall ensure strict enforcement of the policy, guidelines and procedures noted herein.

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>R. Taylor</u>	Book & Case #: <u>3491514549</u>	NYSID # (optional): <u>[REDACTED]</u>	
Facility: <u>RNAC</u>	Housing Area: <u>4 main 2 cell</u>	Date of Incident: <u>1-25-16</u>	Date Submitted: <u>1-25-16</u>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

GRIEVANT COMPLAINS I've Been Denied medical care complaining of TOOTH PAIN. I went to sick call. To dentist AND WAS TOLD NO treatment til 2 weeks. My pain was ignored and was denied medicine for pain. Also during this time male was recklessly sprayed where I suffered smoke inhalation by A RNAC Guard WHO SPRAYED SO MUCH pepper spray that I affected me so much that I couldn't breathe.

Action Requested by Inmate

Investigate matter Reprimand guard and correct problem.

Please read below and check the correct box:

- Do you agree to have your statement edited for clarification by IGRP staff?
Do you need the IGRP staff to write the grievance or request for you?
Have you filed this grievance or request with a court or other agency?
Did you require the assistance of an interpreter?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

Roy Taylor



Date of Signature:



1-25-16

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #: <u>Non-grievable</u>	Category: <u>Staff Complaint</u>
Inmate Grievance and Request Program Staff's Signature: <u>[Signature]</u>		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION	
INMATE GRIEVANCE AND REQUEST PROGRAM		Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376
DISPOSITION FORM		
Grievance/Request Reference #:	Date Filed: <u>2-2-16</u>	Facility: RNDC
Title of Grievance or Request: Non-grievable	Category: Staff Complaint	
<p>From IGRP Inmate Statement Form, print or type short description of request/grievance:</p> <p>See Statement Form</p>		
<p>Action Requested by Inmate:</p> <p>See Statement Form</p>		
STEP 1: INFORMAL RESOLUTION		
<p>Check one box: <input type="checkbox"/> Grievance <input type="checkbox"/> Request <input checked="" type="checkbox"/> Submission not subject to the IGRP process.</p> <p>The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.</p> <p>Your complaint does not fall under the purview of the IGRP and will be forward to the Warden of this Facility for further inquiry.</p>		
<p>Are you satisfied with the proposed resolution?</p> <p><input type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No</p> <p><i>non grievable</i></p> <p>I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request</p>		
Inmate's Signature:	Date:	Grievance Supervisor's Signature: Date:

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION	
INMATE GRIEVANCE AND REQUEST PROGRAM		Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376
DISPOSITION FORM		
Grievance/Request Reference #:	Date Filed: <u>2-2-16</u>	Facility: RNDC
Title of Grievance or Request: Non-grievable	Category: Staff Complaint	
From IGRP Inmate Statement Form, print or type short description of request/grievance:		
See Statement Form		
Action Requested by Inmate:		
See Statement Form		
STEP 1: INFORMAL RESOLUTION		
Check one box: <input type="checkbox"/> Grievance <input type="checkbox"/> Request <input checked="" type="checkbox"/> Submission not subject to the IGRP process.		
The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.		
Your complaint does not fall under the purview of the IGRP and will be forward to the Warden of this Facility for further inquiry.		
Are you satisfied with the proposed resolution?		
<input type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No		
<i>non grievable</i>		
I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request		
Inmate's Signature:	Date:	Grievance Supervisor's Signature:
Date:	Date:	Date:

Form: # 7102R
Eff.: 09/10/12
Ref.: Dir. #3376

Grievance/Request Reference #:

Date Filed:

2-2-16

Facility:
RNDC

Title of Grievance or Request:
Non-grievable

Category:
Staff Complaint

From IGRP Inmate Statement Form, print or type short description of request/grievance:

See Statement Form

Action Requested by Inmate:

See Statement Form

Check one box: ☐ Grievance ☐ Request ☒ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

Your complaint does not fall under the purview of the IGRP and will be forward to the Warden of this Facility for further inquiry.

Are you satisfied with the proposed resolution?

☐ Yes, I accept the resolution. ☐ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

(212) 678-1611

NYPD PROPERTY RELEASE

TO: N.Y.P.D. Property Clerk's Office

DATE: 1 / 5 / 2016

I, ROY TAYLOR [REDACTED], was arrested by New York City Police Department Officers within the 28th Precinct on 12 / 27 / 2015.
I am currently detained at the Manhattan Detention Complex, 125 White Street, New York, NY 10013. The arresting officers took the following items from my persons at the time of the arrest:

2005 chrysler 300, tool set, 2dvd players, motor oil, cleaning fluid, antifreeze, title, registration, dl, two bank debit cards, car keys 7 ho \$390, lottery ticket, two movie tickets, two cell phones, charger, portable charger, wallet & contents, gps, ss card, proof of insurance etc

It is my understanding that these items are not instruments of criminality nor are they connected to the crime I was arrested for. I do hereby authorize _____

of _____

to retrieve all of my property being held by the New York City Police Department in relations to the above arrest.

Arresting Precinct: 28th **Voucher #** _____

Date of Arrest: _____ / _____ / _____

Respectfully,

Roy Taylor

Sworn to before me on this

5th day of January, 2016.

